

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

XC-1225112

SL 21249

62-012633
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318
FILED APR 6 1962

Primary Registration District No.

1003

Registrar's No.

3467

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Warren	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		c. CITY OR TOWN WARRENTON, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL		d. STREET ADDRESS (If outside, give location) 110 TROY ROAD	
3. NAME OF DECEASED (Type or print) First Middle Last OTTO A. FINKE		4. DATE OF DEATH Month Day Year MARCH 31, 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-23-92
9. AGE (last birthday) 69		10. IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY -	
11. BIRTHPLACE (City and state or country) BIG SPRINGS, MISSOURI		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME CHARLES FINKE		13b. MOTHER'S MAIDEN NAME ALVINA MEYER	
14. NAME OF HUSBAND OR WIFE META FINKE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI	
16. SOCIAL SECURITY NO.		17. INFORMANT META FINKE, SEE # 2d	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) METASTATIC CARCINOMA SIGMOID COLON		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 YEARS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) 153.3	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION VAH, ST. LOUIS, MO.		COUNTY STATE
21. attended the deceased from 3-19-62 to 3-31-62 and last saw him alive on 3-31-62		Death occurred at 1:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) SANFORD WOLFSON, M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.	
22c. DATE SIGNED 3-31-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/4/1962	23c. NAME OF CEMETERY OR CREMATORY Warrenton Cemetery	23d. LOCATION (City, town, or county) Warrenton, Missouri.
24. FUNERAL DIRECTOR F. W. Nieburg Funeral Home, Warrenton, Mo.		25. DATE RECD. BY LOCAL REG. APR 2 1962	
26. REGISTRAR'S SIGNATURE		27. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harvey Kable

Licensed Embalmer No.

4596

P. O. Address

St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.